

## Chain of Custody Authorization Form

### Patient Information:

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

# IMPORTANT!!

Before you begin your sleep study, you **MUST** first get this form authorized. This form will provide verification that you are the person completing the study.

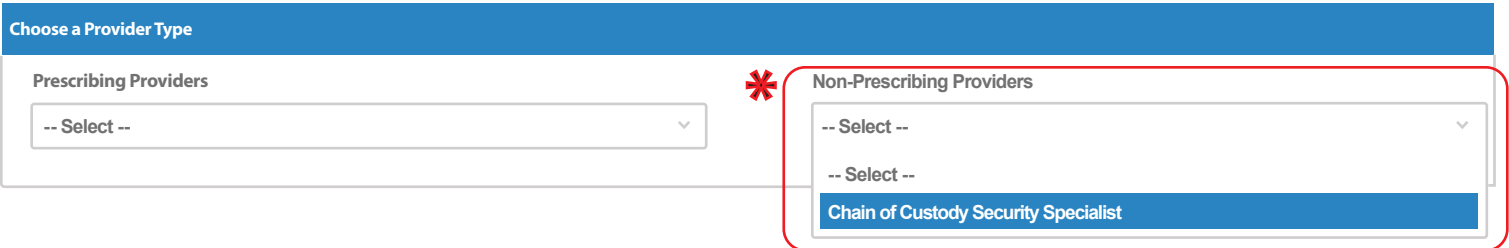
**DO NOT SKIP THIS STEP OR YOU WILL BE REQUIRED TO REPEAT THE STUDY.**

### Who can Verify the Chain of Custody?

- Physician's office who referred you for the Sleep Testing (this includes front office or clerical staff at the office)
- Your Operations or Human Resource Manager

If you do not have access for any of the above to verify placement of the band, you can visit [www.docviaweb.com](http://www.docviaweb.com) and schedule a telehealth visit with one of our "Chain of Custody Security Specialist." If you do not already have a DocViaWeb account you will need to register before you are able to schedule a visit. Once you are registered, you will "Sign In" to your DocViaWeb account and choose "Book Appointment." When prompted to select a provider type, you will select "Non-Prescribing Providers" and then pick "Chain of Custody Specialist" from the dropdown shown in the image below\*.

Once you have the chain of custody band verified, you will begin your Sleep Test.



My signature below certifies that I have properly identified the above-named patient with their Driver's license and witnessed the placement of the VeriSleep Chain of Custody Band.

Printed Name of Witness: \_\_\_\_\_ Title: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_ Date: \_\_\_\_\_

**Reminder: This form MUST be returned!**

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